

# Office of Licensure

## REPORTABLE INCIDENT FORM

Submit form to your Regional Office of Licensure

East Tennessee	Phone: 865-594-6551	Fax: 844-340-4482	Email: <a href="mailto:LicensureEast.fax@tn.gov">LicensureEast.fax@tn.gov</a>
Middle Tennessee	Phone: 615-532-6590	Fax: 615-532-7856	Email: <a href="mailto:LicensureMiddle.fax@tn.gov">LicensureMiddle.fax@tn.gov</a>
West Tennessee	Phone: 901-543-7442	Fax: 844-844-5538	Email: <a href="mailto:LicensureWest.fax@tn.gov">LicensureWest.fax@tn.gov</a>

Report Date: _____ Agency Name: _____ Facility Phone #: _____	Reporting Person: _____ Title: _____ Contact #: _____ Email Address: _____
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Service Recipient: \_\_\_\_\_ Gender: \_\_\_\_ D.O.B: \_\_\_\_\_

Service Recipient: \_\_\_\_\_ Gender: \_\_\_\_ D.O.B: \_\_\_\_\_

Service Recipient: \_\_\_\_\_ Gender: \_\_\_\_ D.O.B: \_\_\_\_\_

Date of Alleged/Suspected Incident: \_\_\_\_\_ Time of Alleged/Suspected Incident: \_\_\_\_\_

Date Incident Became Known to Staff: \_\_\_\_\_ Time Incident Became Known to Staff: \_\_\_\_\_

Location of Alleged/Suspected Incident: \_\_\_\_\_

Name of staff involved, if allegation against staff: \_\_\_\_\_

SS# of staff involved, if allegation against staff: \_\_\_\_\_

**If allegation against staff, must submit background check, abuse registry check, and sexual abuse registry check.**

Staff-Patient ratio at time of incident if incident occurred in a residential facility: \_\_\_\_\_

Detailed Description of Incident: Attach additional page(s) if necessary.) ☐ **Check here if additional page(s) attached.** (Please ensure font size is reader-friendly.)

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### Notifications Already Made By Licensee:

<input type="checkbox"/> Adult Protective Services (APS)	Name or Ref #: _____	Date: _____
<input type="checkbox"/> Child Protective Services (CPS)	Name or Ref #: _____	Date: _____
<input type="checkbox"/> OTHER Agency: _____	Name or Ref #: _____	Date: _____

*Continued (if needed)*

**Agency Name:** \_\_\_\_\_

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